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Draft country programme document**

Burkina Faso

Summary

The Executive Director presents the draft country programme document for Burkina Faso for discussion and comments. The Executive Board is requested to approve a global indicative budget of $33,745,000 from regular resources, subject to the availability of funds, and $40,500,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2006 to 2010.

* E/ICEF/2005/7.

** In accordance with Executive Board decision 2002/4 (E/ICEF/2002/8), the present document will be revised and posted on the UNICEF website in October 2005, together with the summary results matrix. It will then be approved by the Executive Board at its first regular session of 2006.

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*Basic data** *(2003 unless otherwise stated)*	
Child population (millions, under 18 years)	7.3
U5MR (per thousand live births)	193
Underweight (% moderate and severe)	38
Maternal mortality ratio (per 100,000 live births)	480
Primary school enrolment (% net, boys/girls)	35/28
Primary school children completing grade one who reach grade 5 (%)	93
Use of improved drinking water sources (%, 2002)	51
Adult HIV prevalence rate (%)	4.2
Child work (%, children 5-14 years old)	57
GNI per capita (US$)	300
One-year-olds immunized against DPT3 (%)	84
One-year-olds immunized against measles (%)	76

* Additional data on the country and its women and children is also available on the website www.unicef.org.

The situation of children and women

1. Burkina Faso has a population of 12.1 million and a gross domestic product (GDP) of $268 per capita. According to the 2004 Human Development Index, Burkina Faso ranks 175th out of 177 countries. Children from 0-18 years of age represent 55.8 per cent of the population, women 52 per cent and women of childbearing age (15-49 years old) 38 per cent. Women's inferior social status, the burden of tradition and inadequate access to basic social services weigh heavily on their living conditions. An average economic growth rate of 5.8 per cent was observed between 2000 and 2003, with major regional and social disparities. The proportion living in poverty was 44 per cent in 1994 and 46 per cent in 2003; 52 per cent of women are impoverished, compared to 45 per cent of men.

2. The percentage of the national budget allocated to the social sector went from 26 per cent in 1998 to 28 per cent in 2003, with a major contribution of additional resources drawn from the Highly Indebted Poor Countries initiative. School enrolment and literacy rates remain among the lowest in the world, with marked regional and gender disparities. The gross school enrolment rate went from 41 per cent in 2001 to 52 per cent in 2003 (45 per cent for girls with a girl-boy parity of 0.85). Children not in school (47 per cent) are particularly vulnerable to trafficking, the worst forms of work, abuse and violence. Programmes for preschool children reach 2 per cent.

3. The infant mortality rate fell from 105 per 1,000 live births in 1999 to 83 in 2003; and infant/juvenile mortality dropped from 219 per 1,000 live births in 1999 to 184 in 2003. The rates of vaccination coverage in 2003 were 86 per cent for anti-tuberculosis vaccine (BCG), 78 per cent for three doses of the combined diphtheria/pertussis/tetanus vaccine (DPT3), 71 per cent for measles and 66 per cent for yellow fever. However, isolated cases of poliovirus, reported regularly since

2002, have made Burkina Faso a reinfected country. Malaria remains the major cause of death for children under five years of age.

4. From 1998 to 2003, rates of delayed growth remained practically the same (37 per cent), while the prevalence of emaciation increased from 13 per cent to 19 per cent. Moreover, 54 per cent of women were anaemic, while only 57 per cent were attended during childbirth. Between 1993 and 1998, the maternal mortality rate dropped from 566 to 484 per 100,000 live births.

5. The incidence of HIV/AIDS is dropping, from 7.2 per cent in 1997 to 4.2 per cent in 2003. The third Population and Health Survey (2003) found a rate of 1.8 per cent in the population between 15 and 49 years old. Women are the most severely affected. Over 50 per cent of new infections occur among adolescents, and 4.8 per cent of pregnant women are infected. The number of children orphaned by AIDS is increasing by 30,000 to 35,000 per year. At that rate, it is estimated that they will number over 500,000 in 2005.

6. The rate of access to drinking water rose from 50 per cent in 1998 to 61 per cent in 2003, with significant regional disparities. Only 30 per cent of households have access to adequate sanitation (92 per cent in urban areas and 14 per cent in rural areas) and in 2003 only 38 per cent of primary schools had sources of drinking water, and 54 per cent had functioning toilets. With 60 cases in 2004, Burkina Faso numbers among the 12 remaining countries where dracunculiasis is endemic.

7. The country has around 60 rural and local radio stations covering close to 90 per cent of its territory, one State television channel and one private channel. Several private and State newspapers offer a wide variety of news. Poverty, illiteracy, and lack of interaction between modern and traditional means of communication limit the impact of the media on social mobilization, behaviour change and participation. A national system of data collection ensures the availability of information which, while insufficient, allows regular monitoring of socio-economic indicators.

8. Despite socio-economic progress, there are many remaining constraints on the achievement of national objectives and the Millennium Development Goals: mass poverty, climatic hazards, the Ivorian crisis, external shocks in the oil and cotton sectors, the wide range of problems related to HIV/AIDS. To address the situation, the State adopted the strategic framework for poverty reduction (SFPR) as a framework for consolidating all development activities.

Key results and lessons learned from previous cooperation, 2001-2005

Key results achieved

9. The health programme helped to improve geographical accessibility of better-quality health care with community involvement in cost-sharing. Two thirds of the population in the zone of intervention are less than 10 kilometres from a health centre offering a minimum package of services. Quality care, including for obstetrical emergencies, is available to half the population. All the first-level health centres of the intervention zone have a management committee whose members have all received training. Support for the expanded immunization programme and National Immunization Days produced a net improvement in routine immunization

coverage, with DTC3 coverage over 76 per cent (2004). Coverage on National Immunization Days (polio and vitamin A) reached 100 per cent. The programme also helped to promote prevention of mother-child HIV transmission, protection of youth against HIV/AIDS and efforts to combat meningitis epidemics.

10. The basic education programme helped to increase educational supply and demand. Advocacy, mass campaigns and government incentives for girls' school enrolment led to a 38.4 per cent increase in the number of girls (15.6 per cent the previous year), reducing the gap between boys and girls by 3.2 points. Almost 18,600 pupils, including over 8,200 girls, were recruited by satellite schools; 2,032 children (including 1,096 girls) were registered in 25 *Bisongo* (early childhood programmes). The Non-formal Basic Education Centres (NFBEC) served 2,051 children, including 872 girls. These innovative initiatives are now recognized as viable and have been integrated into the country's educational system. The programme helped to strengthen management and monitoring capacity and community involvement.

11. The drinking water, sanitation and environment programme led to a significant reduction in the number of cases of dracunculiasis, from 1,957 in 2001 to 60 in 2004. The percentage of satellite schools equipped with latrines went from 19 per cent to 57 per cent, of NFBEC, from 0 per cent to 75 per cent, and of *Bisongo*, from 0 per cent to 95 per cent. The rate of coverage in drinking water in satellite schools, NFBEC and *Bisongo* is over 85 per cent. The programme supported the drafting of the national policy document on hygiene adopted in 2004.

12. In the area of protection, the programme supported Government efforts to develop national policies and action plans to combat trafficking in children and sexual violence against children and to provide care for orphans, vulnerable children and street children. It supported pilot projects by implementing validated strategies at the national level. It contributed to a decline in the practice of excision. The programme obtained encouraging results through support to decentralization in three districts.

13. The communication and advocacy programme reached 1,500,000 persons on the themes of the country programme and gave impetus to behaviour changes which contributed to the progress made. The programme promoted a culture of peace, strengthened the partnerships with religious and traditional authorities, rural radio stations and traditional artists, and established 800 relay centres in the communities.

14. The social planning, monitoring and evaluation programme enabled improvements in strategic planning and knowledge of the situation of children and women. It supported the preparation and presentation of reports on follow-up to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women, including Beijing+10. It supported capacity-building, forecast studies and evaluations of poverty reduction strategy papers and the establishment of an ongoing system for data collection.

Lessons learned

15. The "25 by 2005" initiative, the various mass campaigns for girls' education, advocacy, a multisectoral approach, community involvement and incentives have helped to reduce the gap between boys and girls, increase supply and demand in

education, and raise the overall school enrolment level, in particular for girls. The implementation of a combination of these strategies will be continued and expanded.

16. Programme interventions addressing such urgent problems as the worst forms of work, trafficking in children, mother-to-child HIV transmission, sexual violence against children and providing care for orphans and children at risk have been effective. Mechanisms for prevention and care have been tested with good results. They will be promoted to encourage their application throughout the country.

17. The Integral Communication Plan proved effective in bringing about behaviour change. This instrument will be expanded in the country programme.

Work programme, 2006-2010

Summary budget table

(In thousands of United States dollars)

Programme	*Regular resources*	*Other resources*	*Total*
Health and nutrition	5 231	21 000	26 231
Combating HIV/AIDS	4 049	4 000	8 049
Education	5 237	7 000	12 237
Water, hygiene and sanitation	4 050	1 200	5 250
Protection	4 049	5 000	9 049
Communication for development	4 376	1 100	5 476
Planning, monitoring and evaluation	3 376	1 200	4 576
Cross-sectoral costs	3 377		3 377
Total	**33 745**	**40 500**	**74 245**

Preparation process

18. The country programme is prepared on the basis of the common country assessment (CCA) and the United Nations Development Assistance Framework (UNDAF) but also on the basis of national policies, programmes and strategies. The Government led the process of drafting the country programme descriptions for the United Nations funds and programmes. This was preceded by consultations among the agencies, in particular the United Nations Population Fund, the World Food Programme, the United Nations Development Programme and UNICEF, which allowed them to harmonize their formats and simplify the validation and consultation process with partners, including multilateral and bilateral agencies and civil society. UNICEF was involved in the decision-making at all stages of the CCA-UNDAF process and coordinates the inter-agency programme subcommittee.

Goals, key results and strategies

19. The goal of the programme is to help to reduce poverty and implement the rights of children and women. The programme has developed using a results-based approach and by 2010 will help to produce the following results: (a) a 20 per cent reduction in infant and infant and child mortality rates; (b) a 20 per cent reduction in the maternal mortality rate; (c) a reduction in morbidity related to water-borne diseases and the environment; (d) a reversal in the rise of HIV/AIDS; (e) an overall school enrolment rate for children of 70 per cent, with 65 per cent for girls, preschool programmes reaching 4.6 per cent of children and literacy rates reaching 40 per cent; (f) consideration of the rights of children and women in national policies, programmes and strategies; (g) decision makers, families, communities and populations increasingly practising behaviours and taking decisions that promote the rights of children and women; and (h) a strengthened culture of peace.

20. The programme will consolidate the gains in 11 of the 26 provinces of the United Nations convergence zone for the previous cycle. Extensions will continue to be granted, taking into account the extent of the problems, the presence of other actors, the availability of funds and strategic reasons, in particular those related to UNDAF. Certain interventions will continue to have national coverage: communications and advocacy; planning, monitoring and evaluation; institutional capacity-building; combating micro-nutrient deficiencies; immunization. Geographic convergence will be strengthened for greater impact through a multisectoral approach and complementarity, in particular with programmes of other United Nations agencies.

21. Geographical and financial accessibility to quality basic services will be strengthened particularly for vulnerable children and poor families. Partnerships with United Nations agencies, bilateral and multilateral agencies, civil society and the private sector will be expanded and reinforced. The same will be done with regard to alliances with political, traditional, administrative and religious authorities, local communities and the media. A gender-based approach will be developed and implemented through backstopping for the formulation and implementation of a national strategy. Advocacy among decision makers to promote the rights of women and children and take them into account in policies and programmes and national poverty reduction efforts will be developed by using reliable and disaggregated data on the situation of women and children.

22. The involvement of decentralized structures in the implementation and follow-up of the cooperation programme will be enhanced. A subregional approach will be developed to take into account the cross-border nature of problems such as the fight against excision and child trafficking, and poliomyelitis and dracunculiasis eradication. Advocacy will be conducted to replicate success achieved. The capacities of such stakeholders as parents, decision makers and service providers will be built up in order to enable them to meet their obligations to children. The capacity of children, young people and women to participate in the implementation of their rights will be enhanced. The need for preparedness and emergency response will be taken into account in the various programme components.

Relationship to national priorities and the United Nations Development Assistance Framework (UNDAF)

23. The cooperation programme is aimed at helping to achieve the goals of the strategy framework for poverty reduction (SFPR), which constitutes a cross-cutting approach for promoting national development and which incorporates the goals of national plans and programmes. UNDAF took into account the four main areas of SFPR and decided on seven targets, which the country programme will help to achieve.

Relationship to international priorities

24. The programme's objectives and outcomes are geared towards the achievement of the Millennium Development Goals and the plan of action of the special session of the General Assembly on children in order to guarantee "a world fit for children".

Programme components

25. **Health and nutrition**. The expected outcomes in the area of the health and nutrition of infants and children are: (a) a 92 per cent anti-tuberculosis vaccine (BCG) coverage rate for children under one year; 90 per cent coverage for the five-purpose diphtheria/pertussis/tetanus (DPT)/hepatitis B/Haemophilus influenzae vaccine; 85 per cent for the anti-measles vaccine; 85 per cent for the yellow fever vaccine; (b) reduction in mortality and morbidity linked to malaria, acute respiratory infection, measles and malnutrition among children under the age of five; (c) at least a 25 per cent reduction in the prevalence of micronutrient (iodine, vitamin A and iron) deficiency; (d) a reduction of the mortality rate due to protein-caloric malnutrition to less than 5 per cent among children under 5. In the area of maternal health and nutrition, the following results are expected: (a) an increase from 73 per cent to 90 per cent in the coverage rate for providing initial prenatal-care consultations to pregnant women; (b) an increase from 57 per cent to 70 per cent in the obstetric coverage rate; (c) 70 per cent of pregnant women will receive two doses of tetanus anatoxin. In the area of health services organization and management, the number of contacts for treatment per year will be increased from 0.3 to at least 0.5 per person.

26. This health and nutrition programme will be implemented through three projects. The child health and nutrition support project will develop the following measures: immunization, exclusive breastfeeding, micronutrient deficiency control and integrated management of childhood illness (IMCI). The maternal health and nutrition support project will support the appropriate care of pregnant women during and after childbirth, and the improvement of the quality of care and of the referral and counter-referral system. The health system capacity-building project will support the institution of appropriate technical and material arrangements at all levels of the health system.

27. **HIV/AIDS control**. The expected results of the programme are: (a) institutional capacity-building of the planning, coordination, follow-up and evaluation structures; (b) a 50 per cent reduction in mother-to-child HIV transmission rates in at least four new districts by late 2010; (c) 25 per cent reduction in the HIV/AIDS prevalence rate among adolescents and young people aged 10 to 24 in at least 10 provinces by 2010; (d) guaranteed comprehensive care for 1,250 HIV/AIDS infected children aged 18 months to 18 years and 5,000

orphans and vulnerable children by late 2010; and provision to all UNICEF staff and their families of relevant information on HIV/AIDS and the United Nations policy on HIV/AIDS control.

28. The programme comprises two projects. The prevention and care support project will continue and expand its activities to strengthen lifeskills for adolescents, promote and provide voluntary testing for young people and pregnant women and help with the provision of comprehensive care to HIV-positive children and women. The central institutional support project will support the implementation of policies and strategies through capacity-building, the promotion of partnerships, and help in coordinating support.

29. **Education**. The expected outcomes are: (a) increased nationwide primary school enrolment and reduced gender disparities; (b) increased satellite school enrolment from 23,400 to 40,000 with girls accounting for 50 per cent of such enrolment; (c) improved quality of teaching; (d) enhanced integral care of children from 0 to 6 years and increased enrolment in the *Bisongos* from 2,400 to 8,000 with girls accounting for 50 per cent of such enrolment; greater access to non-formal education for adolescents and for members of community management structures on an equitable basis for girls and women.

30. The education programme comprises three projects. The integrated child development project will support the implementation of national policies and strategies; the construction of new *Bisongo* infrastructure; and their implementation of a package of multisectoral activities and the strengthening of community and institutional capacities. The basic formal education development project will seek to strengthen institutional and community capacities, set up educational facilities, provide teaching materials and school supplies and define and promote measures to encourage girl-child education. The non-formal basic education development project will strengthen community and institutional capacities, strengthen partnerships, build new facilities and help with the design and publication of textbooks.

31. **Water, hygiene and sanitation**. The expected programme outcomes are: (a) a 100 per cent coverage rate for drinking water and sanitation in satellite schools, *Bisongos* and non-formal basic education centres (NFBEC) in 20 provinces; (b) coverage in drinking water, basic sanitation (latrines), the improvement of elementary hygienic practices in five provinces and IMCI targeted zones, and promotion of hygiene in four underprivileged sectors of Ouagadougou; (c) a 10-point increase in the drinking water and sanitation coverage rate for nodal schools in five provinces; (d) dracunculiasis transmission will be interrupted, and its eradication will be certified.

32. The primary and preschool environment improvement project will basically support the construction and rehabilitation of water-supply and sanitation facilities and the integration of the teaching of hygiene into school curricula. The water supply, sanitation and basic hygiene development project will support national strategies, the construction of water-supply and sanitation facilities at the community and family levels, the promotion of hygiene and the strengthening of community management capacities.

33. **Protection**. The expected outcomes of the programme are (a) the national normative framework will be brought into line with the major international instruments relating to the protection of children and women and will be applied;

(b) dissemination and implementation of the personal and family code, and, in particular, increased registration of births; (c) development and expansion of mechanisms for the prevention, return and reintegration of child victims within the context of combating child trafficking, the worst forms of child labour and the sexual exploitation of children; (d) a reduction in the prevalence of female genital mutilation and the strengthening of preventive mechanisms; (e) implementation of national action plans for the protection of child victims of sexual abuse, orphans and other vulnerable children; (f) use of alternatives to placing minors in institutions and detention; (g) enhanced children's knowledge, life skills and participation; and (h) access to social services for the most vulnerable women and children.

34. The women and children's legal protection project will support the dissemination and implementation of the Convention on the Rights of the Child, the Convention on the Elimination of All Forms of Discrimination against Women and the personal and family code. The socio-economic protection of women and children project will support community capacity-building; care for orphans, vulnerable children and street children; and measures to eradicate excision, sexual abuse, trafficking and the worst forms of child labour.

35. **Communication for development**. The expected outcomes of the programme are (a) increased adoption of behaviours respecting the rights of children and women by families, communities and population groups; (b) stronger partnerships for improving implementation of the rights of children and women and for promoting a culture of peace; (c) greater involvement of children, young people and women in protecting their rights; (d) mobilization of resources for actions in favour of children and women.

36. The communication for behavioural changes project will implement the integrated communication plan for the programme components of training, institutional support, partner orientation on various themes and the determination of relevant programme approaches. The advocacy project will focus on strengthening the commitment of decision makers and partners in the policymaking, budgetary and legislative arenas. The children's participation and strengthening of a culture of peace project will support organizational capacity-building, planning, and advocacy as well as the institution of a children's parliament and the participation of children in promoting a culture of peace.

37. **Planning, monitoring and evaluation**. The expected programme outcomes are (a) enhanced joint planning of the country programme within UNDAF; (b) availability of studies, surveys and assessments for preparing socio-economic policies, strategies and programmes for women and children; (c) and strengthening of national capacities for monitoring and evaluating national policies and for programme planning.

38. The social policies and planning project will help to strengthen planning capacities and develop national social policies. The monitoring and evaluation project will support the development of monitoring and evaluation capacities and ensure the availability and quality of disaggregated data on the situation of women and children relying mainly on the *DevInfo* tool adopted by the United Nations system and the Government.

39. **Cross-sectoral costs** include certain support costs, especially for the purchase and maintenance of equipment, office stationery and supplies, the salaries and travel

expenses of procurement officers and general service staff, and the cost of temporary assistance staff.

Major partnerships

40. To achieve the expected outcomes, the programme will strengthen existing partnerships with multilateral and bilateral agencies, non-governmental organizations and civil society for the implementation of the various programme components. Such partnerships will be intensified through sectoral and thematic consultations. Cooperation with United Nations agencies will be strengthened within the framework of UNDAF, using the complementarity and synergies for programming and joint programmes.

41. The programme will develop cooperation with NGOs, youth and women's associations with a view to implementing and monitoring community-based actions. The same approach will be adopted with respect to partnerships with political, religious, traditional and administrative authorities in conducting advocacy and social mobilization activities.

Monitoring, evaluation and programme management

42. The framework for consultation between the Government and its development partners for monitoring the implementation of the strategic framework for poverty reduction will also be the higher authority for monitoring UNDAF. The specific contribution by the United Nations system will take the form of an annual review of UNDAF.

43. The country programme will be coordinated by the Ministry of the Economy and Development. The planning, implementation and supervision of action plans will be conducted by the ministries in charge of each programme component. Each ministry concerned will designate a national body responsible for technical and administrative management as well as the monitoring and evaluation of programme activities. Technical interministerial meetings will coordinate intersectoral activities. Annual workplans and progress reports on the various programme components will be prepared by these ministerial bodies. UNICEF will be a part of all the consultative, monitoring and evaluation frameworks. The country programme will be reviewed within the framework of UNDAF reviews.